

# GIC Health Plan Rates

Monthly Rates as of July 1, 2008

**FOR HAWLEMONT  
REGIONAL SCHOOL  
DISTRICT ENROLLEES**



## Active Employees, Survivors, and Retirees *WITHOUT MEDICARE*

*Includes 0.75% Administrative Fee*



	Employee and Non-Medicare Retiree/Survivor Pays Monthly %	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/Survivor Pays Monthly \$
HEALTH PLAN		Individual Coverage	Family Coverage
Fallon Community Health Plan Direct Care	25%	\$ 99.37	\$238.48
Fallon Community Health Plan Select Care	25%	117.92	283.01
Harvard Pilgrim Independence Plan	30%	154.06	372.76
Health New England	25%	106.77	264.68
Navigator by Tufts Health Plan	30%	145.87	352.05
NHP Care ( <i>Neighborhood Health Plan</i> )	25%	105.44	279.40
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	40%	301.30	703.43
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	40%	287.40	671.19
UniCare State Indemnity Plan/ Community Choice	30%	123.28	295.87
UniCare State Indemnity Plan/PLUS	30%	156.54	373.57

## Retirees and Survivors *WITH MEDICARE*

	Retiree and Survivor Retiree/Survivor Pays Monthly Per Person	
HEALTH PLAN	%	\$
Fallon Senior Plan*	40%	\$ 79.94
Harvard Pilgrim Medicare Enhance	40%	142.38
Health New England MedPlus	40%	142.96
Tufts Health Plan Medicare Complement	40%	130.08
Tufts Health Plan Medicare Preferred*	40%	67.30
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	40%	142.09
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	40%	137.86

\* Rates are subject to federal approval and may change January 1, 2009.

***Rates are Calculated by the Hawlemont Regional School District Benefits Office.***

**Rate questions? Call: Gina Henry – Benefits Administrator 1.413.625.0192, Ext. 19**